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State/Territory Name: MN

State Plan Amendment (SPA) #: 13-034

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Page

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-34	2. STATE Minnesota
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: § 1902(a)(73) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY '14 (\$ 0) b. FFY '15 (\$ 0)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pre-print page 9.1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	
10. SUBJECT OF AMENDMENT: Tribal Consultation			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Sean Barrett Minnesota Department of Human Services Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: December 31, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 31, 2013		18. DATE APPROVED: 3/7/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

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liaison to the Indian health care providers regarding consultation. The liaison sends written notification to Tribal Chairs, Tribal Health Directors, and Tribal Social Services Directors, the Indian Health Service Area Office Director, and the Director of the Minneapolis Indian Health Board clinic at least ~~60~~30 days prior to the anticipated submission of all waiver requests, waiver renewals, or waiver amendments. When a ~~60~~30-day notice is not possible, the longest practicable notice timeframe will be utilized.

The liaison provides written notice to Indian health care programs 30 days in advance of the anticipated submission of all proposed state plan amendments likely to have a direct effect on Indians, Indian health programs, or urban Indian organizations. Changes that are likely to have a direct effect on Indians, Indian health programs, or urban Indian organizations are those that would impact eligibility determinations, reduce payment rates, change payment methodologies, reduce covered services, or change provider qualification requirements.

When a deadline for submission of a state plan amendment is outside the control of the agency, or in severely time-limited situations, the agency expedites the process and may provide, at a minimum, 10 days advance written notice of the change.

Notices include a brief description of the proposal, its likely impact on Indian people or Indian health care providers, and a process and timeline for comment. At the request of an Indian health care provider, the liaison will send more information about any proposal.

The liaison arranges for appropriate state agency policy staff to meet with Indian health care providers to receive their input and to answer questions. This consultation may take place as part of a Quarterly Tribal Health Directors meeting or via a separate meeting, conference call, or other mechanism, as appropriate. The liaison forwards all comments received from Indian health care providers to appropriate state policy staff for their response.

When an Indian health care provider has requested changes to a proposed state plan amendment or waiver request, renewal, or amendment, the state agency liaison reports back on whether the change is included in the submission, or why it is not included. The state agency liaison informs the Indian health care providers when the State's waiver or state plan

TN: 13-34

Supersedes TN: 12-24, 10-26

Approval Date: 3/7/14

Effective Date: January 1, 2014